

CLAIM FOR ROOM-COUNT MOVING EXPENSE AND DISLOCATION ALLOWANCE

North Dakota Department of Transportation, Design Division

SFN10140 (Rev. 01-2006)

TO: Design Division North Dakota Department of Transportation 608 East Boulevard Avenue Bismarck, North Dakota 58505-0700	Project Number _____
Full name of claimant: _____	Parcel Number _____
_____	Date of move: _____
Address moved from: _____	Address moved to: _____
_____	_____
_____	_____

PAYMENT SCHEDULE - OCTOBER 2001 SCHEDULE A - OCCUPANT OWNS FURNITURE

1 Room	2 Rooms	3 Rooms	4 Rooms	5 Rooms	6 Rooms	7 Rooms	8 Rooms	Each Additional Room
\$400	\$575	\$725	\$875	\$1,025	\$1,150	\$1,225	\$1,375	\$150

SCHEDULE B - OCCUPANT DOES NOT OWN FURNITURE

First Room	Each Additional Room
\$350	\$50

EXCEPTIONS:

1. Person whose residential move is performed by the North Dakota Department of Transportation (NDDOT) - \$50.
2. Move of a mobile home from site, actual cost, reasonable amount maybe added for packing and securing personal property for the move at NDDOT's discretion.
3. Occupant of dormitory - \$50.

Number of rooms: _____ **TOTAL CLAIM: \$** _____

I certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of expense paid pursuant to this claim; I further certify that all information submitted herewith or included herein is true and correct.

DATE OF CLAIM

CLAIMANT'S NAME (TYPE OR PRINT)

CLAIMANT'S SIGNATURE

APPROVAL:

I certify that I have examined this claim and substantiating documentation, and have found it to conform to the applicable provisions of the North Dakota State Law and Code of Federal Regulations, part 24. This claim is approved and payment is authorized as follows:

RELOCATION OFFICER (TYPE OR PRINT)

TOTAL: \$ _____

SIGNATURE

DATE